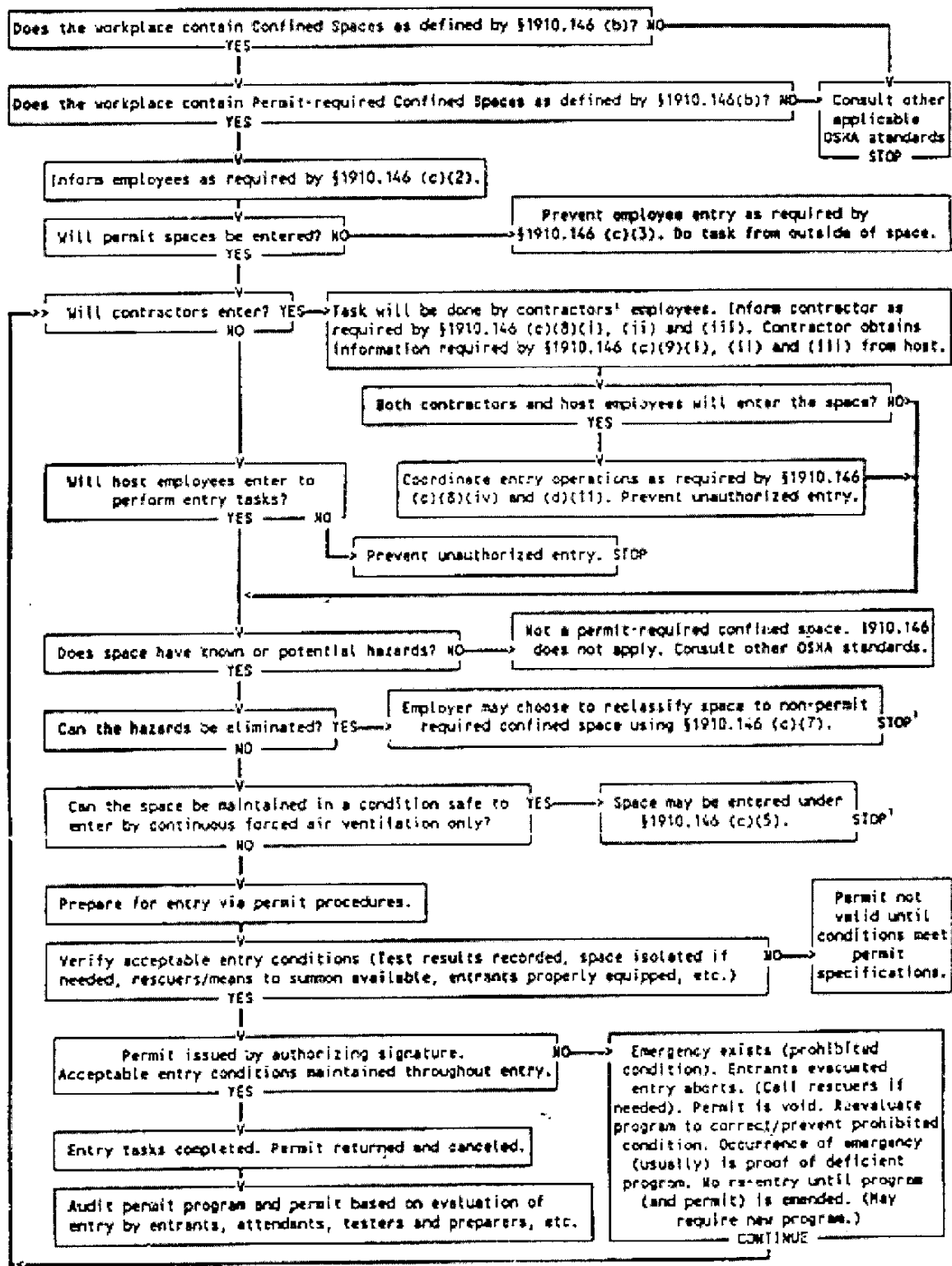


APPENDIX A TO §1910.146—PERMIT-REQUIRED CONFINED SPACE DECISION FLOW CHART



Confined Space Pre-Entry Check List

See Safety Procedure.

A confined space either is entered through an opening other than a door (such as manhole or side port) or requires the use of a ladder or rungs to reach the working level and test results are satisfactory. This check list must be filled out whenever the job site meets this criteria.

- | | Yes | No |
|--|-----|-----|
| 1. Did your survey of the surrounding area show it to be free of hazards such as drifting vapors from tanks, piping or sewers? | () | () |
| 2. Does your knowledge of industrial or other discharges indicate this area is likely to remain free of dangerous air contaminants while occupied? | () | () |
| 3. Are you certified in operation of the gas monitor to be used? | () | () |
| 4. Has a gas monitor functional test (Bump Test) been performed this shift on the gas monitor to be used? | () | () |
| 5. Did you test the atmosphere of the confined space prior to entry? | () | () |
| 6. Did the atmosphere check as acceptable (no alarms given)? | () | () |
| 7. Will the atmosphere be continuously monitored while the space is occupied? | () | () |

Contact County Centrex for personnel rescue by local fire department in the event of an emergency. If on-site at the Regional Treatment Plant, contact the Plant Control Center (PCC).

Notice: If any of the above questions are answered "no" do not enter. Contact your immediate supervisor.

Job

Location _____

LEAD MAN

signature _____ Date _____

Copies: White Original (Safety Office) Yellow (Unit Supervisor) Hard (Job site)

Appendix D - 2

ENTRY PERMIT

PERMIT VALID FOR 8 HOURS ONLY. ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED
 SITE LOCATION AND DESCRIPTION _____ CONFINED SPACE _____ HAZARDOUS AREA _____
 PURPOSE OF ENTRY _____
 SUPERVISOR(S) in charge of crews _____ Type of Crew Phone # _____

* BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY*
 REQUIREMENTS COMPLETED DATE TIME REQUIREMENTS COMPLETED DATE TIME
 Lock Out/De-energize/Try-out _____ Full Body Harness w/"D" ring _____
 Line(s) Broken-Capped-Blanked _____ Emergency Escape Retrieval Equip _____
 Purge-Flush and Vent _____ Lifelines _____
 Ventilation _____ Fire Extinguishers _____
 Secure Area (Post and Flag) _____ Lighting (Explosive Proof) _____
 Breathing Apparatus _____ Protective Clothing _____
 Resuscitator - Inhalator _____ Respirator(s) (Air Purifying) _____
 Standby Safety Personnel _____ Burning and Welding Permit _____
 Note: Items that do not apply enter N/A in the blank.
 ** RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS

CONTINUOUS MONITORING** Permissible
 TEST(S) TO BE TAKEN Entry Level 19.5% to 23.5%
 PERCENT OF OXYGEN Under 10%
 LOWER FLAMMABLE LIMIT
 CARBON MONOXIDE +35 PPM
 Aromatic Hydrocarbon + 1 PPM + 5PPM
 Hydrogen Cyanide (Skin) + 4PPM
 Hydrogen Sulfide +10 PPM +15PPM
 Sulfur Dioxide + 2 PPM + 5PPM
 Ammonia +35PPM
 * Short-term exposure limit: Employee can work in the area up to 15 minutes.
 + 8 hr. Time Weighted Avg. Employee can work in area 8 hrs. (longer with appropriate respiratory protection).
 REMARKS: _____
 GAS TESTER NAME & CHECK # INSTRUMENT(S) USED MODEL &/OR TYPE SERIAL &/OR UNIT # _____

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK
 SAFETY STANDBY PERSON(S) CHECK # NAME OF SAFETY STANDBY PERSON(S) CHECK #
 SUPERVISOR AUTHORIZING ENTRY AMBULANCE 2800 FIRE 2900
 ALL ABOVE CONDITIONS SATISFIED Safety 4901 Gas Coordinator 4529/5387
 DEPARTMENT Phone _____ Original to Department Pink Copy to Safety